ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MT	66548	2/3/00
O.I.P.E. CLASSIFIER		8	02-17-00
FORMALITY REVIEW	Öv	2/423	3-28-00
RESPONSE FORMALITY REVIEW			
		1	

INDEX OF CLAIMS

,	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷	Hestricted U	Oojçeted
Claim Date	Claim Date	Claim Date
In I	Final Original	Original
	51 ÷N	101
	52	102
BJ	53	103
	54	104
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	58	108
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	62	112
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	68	118
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	72	122
13 J	73	124
	75	125
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28	79	128
29	79	129
30	80	130
31	32	131
	83	133
34	84	134
35	85	135
55	86	136
27	97	137
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42	92	142
43	93	143
44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	134	144
45	95	145
46,	196	146
43	97	147
3	198	148
	00	149
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If more than 150 claims or 10 actions staple additional sheet here

